Patent

Attorney Docket: 895,675-173

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

KLINGENSMITH et al.

Serial No.: 10/649,473

**Filed: August 26, 2003** 

For: SYSTEM AND METHOD FOR

**IDENTIFYING A VASCULAR** 

**BORDER** 

## TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Power of Attorney By Assignee. Applicant requests that a copy of the enclosed Power be entered for the above-referenced patent.

CERTIFICATE OF MAILING (37 C.F.R. §1.8)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

June 28, 2004

Cynthia B. Pacheco

Date of Deposit IR1:1055970.1

Patent

Attorney Docket: 895,675-173

The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 50-2862.

Respectfully submitted,

O'MELVENY & MYERS LLP

Dated: 6/23/04

By:

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## POWER OF ATTORNEY By Assignee

<u>The Cleveland Clinic Foundation</u>, assignee(s) of the application for United States Letters Patent for an improvement in

## SYSTEM AND METHOD FOR IDENTIFYING A VASCULAR BORDER by Klingensmith et al.

the specification of which	1:	
☐ is filed herewit ⊠ was filed on A	th, OR ugust 26, 2003, having U.S. Pater	nt Application Serial No. 10/649,473,
to prosecute this applica Office, and in countries of therefor before any com	tion and transact all business in the other than the United States, and to petent International Authorities in ding to the above-identified application.	full power of substitution and revocation, the United States Patent and Trademark to do all things necessary or appropriate connection with any international patent cation, all of the registered practitioners
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Please send all correspo and direct all telephone of		appos, at the above Customer Number,
		the documentary evidence establishing rom the inventor(s) to the assignee(s),
<ul><li>☐ was recorded</li><li>☑ has been sent</li><li>To the best of the under</li></ul>	ordation herewith; or at Reel; or at Reel; or at for recordation under separate consigned's knowledge and belief, titligned is empowered to sign this do	over, copy attached herewith.  The is in the assignee(s) identified above.  The occument on behalf of the assignee(s).
Full Name of Assignee:	The Cleveland Clinic Foundation	
Post Office Address:	9500 Euclid Avenue	•
Signature of Declarant or		Date: 10/16/03
Full Name of Declarant	Nuw	
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